

Declaration for Utility Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Automatically Modulating Acupressure Device the specification of which ☐ is attached hereto

☒ was filed on January 19, 2000 as Application No. 09/489,665 and ☐ was amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations Sec. 1.56(a). I hereby claim foreign priority benefits under Title 35, United States Code, Sec. 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Application Number	Country	Filing Date	Priority claimed

I hereby claim the benefit under Title 35, United States Code, Sec. 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States' application in the manner provided by the first paragraph of Title 35, United States Code, Sec. 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

Application Number	Filing Date	Status

First Inventor: Full Name: Thomas L. Grey
 Residence: San Marcos, Carlsbad, CA
 Post Office Address: 1915 Aston Avenue, Carlsbad, CA 92008

Citizenship US

Second Inventor: Full Name: Robert J. Duffy
 Residence: San Marcos, Carlsbad, CA
 Post Office Address: 1915 Aston Avenue, Carlsbad, CA 92008

Citizenship US

Third Inventor: Full Name: _____
 Residence: _____
 Post Office Address: _____

Citizenship _____

Fourth Inventor: Full Name: _____
 Residence: _____
 Post Office Address: _____

Citizenship _____

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, and any patent issuing thereon.

Date: April 28, 2000

First Inventor

Thomas L. Grey

Date: April 28, 2000

Second Inventor

Robert J. Duffy

Date: _____

Third Inventor

Date: _____

Fourth Inventor

POWER OF ATTORNEY

Woodside Biomedical, Inc.

assignee(s) of the application for United States Letters Patent for

Automatically Modulating Acupressure Deviceinvented by Thomas L. Grey and Robert J. Duffy☐ filed herewith, or ☒ having Serial No. 09/489.665, filed January 19, 2000

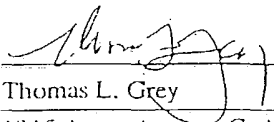
a copy of the assignment of which is attached hereto, do(es) hereby appoint as attorneys of record with full power of substitution and revocation, to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Practitioners at Customer Number 23371.

Please send correspondence to:

The above mentioned Customer Number.

I, the undersigned, declare that I am the (an) assignee of the above-identified application or, if the assignee is a corporation, partnership or other association, I am authorized to make this appointment on behalf of the assignee and I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Assignee's Name: Woodside Biomedical, Inc.Assignee's Address: 1915 Aston Avenue, Carlsbad, CA 92008Signature: Date: April 28, 2000Declarant's Name: Thomas L. GreyDeclarant's Address: 1915 Aston Avenue, Carlsbad, CA 92008

Assignment of Invention and Patent Application

For value received, I (We), the undersigned inventors (hereinafter ASSIGNOR(s)), hereby sell, assign, transfer, and set over unto Woodside Biomedical, Inc. and its successors or assigns (hereinafter ASSIGNEE) all of the following: (A) ASSIGNOR'S right, title and interest in and to the invention entitled:

Automatically Modulating Acupressure Device

invented by ASSIGNOR(s) Thomas L. Grey and Robert J. Duffy

(B) the application for United States patent therefor, signed by ASSIGNOR on April 28, 2000

☐ filed herewith, or

☒ the application number 09/489,665 filed on January 19, 2000

(C) any patent or reissues of any patent that may be granted thereon; and (D) any applications which are continuations, continuations-in-part, substitutes, or divisions of said application. ASSIGNOR authorizes ASSIGNEE to enter the date of signature and/or Serial Number and Filing Date in the spaces above. ASSIGNOR also authorizes and requests the Commissioner of Patents and Trademarks to issue any resulting patent(s).

ASSIGNOR hereby further sells, assigns, transfers, and sets over unto ASSIGNEE, ASSIGNOR'S entire right, title and interest in and to said invention in each and every country foreign to the United States; and ASSIGNOR further conveys to ASSIGNEE all priority rights resulting from the above-identified application for United States patent. ASSIGNOR agrees to execute all papers, give any required testimony and perform other lawful acts, at ASSIGNEE'S expense, as ASSIGNEE may require to enable ASSIGNEE to perfect ASSIGNEE'S interest in any resulting patent of the United States and countries foreign thereto, and to acquire, hold, enforce, convey, and uphold the validity of said patent and reissues and extensions thereof, and ASSIGNEE'S interest therein.

Date: April 28, 2000

Thomas L. Grey
Inventor Thomas L. Grey

Date: April 28, 2000

Robert J. Duffy
Inventor Robert J. Duffy

Date: _____

Inventor:

Date: _____

Inventor

Date: _____

Inventor

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) AND 1.27(c) - SMALL BUSINESS CONCERN

I hereby declare that I am

- ☐ the owner of the small business concern identified below:
☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN: Woodside Biomedical, Inc.

ADDRESS OF CONCERN: 1915 Aston Avenue, Carlsbad, CA 92008

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code. In that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third-party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed, to and remain with the small business concern identified above with regard to the invention, entitled Automatically Modulating Acupressure Device
 invented by: Thomas L. Grey and Robert J. Duffy

and described in ☐ the specification filed herewith or ☒ the application serial no. 09/489,665
 filed on January 19, 2000 or ☐ U.S. Patent No. _____, issued _____

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business-concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27).

NAME OF CONCERN: _____

ADDRESS OF CONCERN: _____

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

NAME OF CONCERN: _____

ADDRESS OF CONCERN: _____

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small business entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: Thomas L. Grey

TITLE OF PERSON SIGNING: Vice President, Research & Development

ADDRESS OF PERSON SIGNING: 1915 Aston Avenue, Carlsbad, CA 92008

SIGNATURE _____

DATE: April 28, 2000